



Georgia Department of Human Resources
REQUEST TO ESTABLISH OR TO CHANGE A BANK ACCOUNT

ACTION REQUESTED ☐ establish account ☐ change account

For existing bank account, enter SCOA
Organization Code

TYPE OF ACCOUNT	
<input type="checkbox"/> petty cash	<input type="checkbox"/> agency (trust) <input type="checkbox"/> miscellaneous income receipts
<input type="checkbox"/> patients accounts	<input type="checkbox"/> child support transfers <input type="checkbox"/> other _____ (please specify)
ACCOUNT NAME	NAME AND ADDRESS OF BANK
line (1) Georgia Department of Human Resources (2) (3) (4)	
	BANK ACCOUNT NUMBER
NAME AND ADDRESS OF UNIT	BANK CONTACT PERSON AND PHONE NUMBER
CUSTODIAN OF ACCOUNT	PHONE NUMBER OF CUSTODIAN
NAMES OF SIGNATORIES	
(1)	(3)
(2)	(4)

ESTIMATED MONTHLY USAGE			CHANGE REQUESTED	
RECEIPTS	DISBURSEMENTS	AMOUNT OF FUND	CHANGE FROM	CHANGE TO

JUSTIFICATION OR REASON FOR REQUESTED ACTION *(If this is a new account you MUST explain how the account enhances cash management.)*

ORIGINATOR _____ DATE _____

APPROVED BY DIRECTOR _____ DATE _____
OFFICE OF FINANCIAL SERVICES

AUTHORIZED BY DIVISION/OFFICE DIRECTOR _____ DATE _____

OFS USE ONLY - ENTERED TO CENTRAL FILE